



U.S. Department of Justice

United States Attorney  
District of Colorado  
Financial Litigation Unit

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1225 Seventeenth Street, Suite 700 (303) 454-0100  
Seventeenth Street Plaza (FAX) (303) 454-0407  
Denver, Colorado 80202

U.S. Probation Office  
District of Colorado  
929 Stout Street, C-120  
Denver, CO 80294-0101

Re: U.S. v.  
Criminal Case  
USAO No.

Please furnish this office, at the earliest possible date, with the answers to the following questions:

1. Name of Probation Officer handling supervision:

\_\_\_\_\_

2. Date Probation/Parole/Supervised Release expires: \_\_\_\_\_

If probation/parole/supervised release has expired, please provide as much information as possible to assist our efforts to enforce collection.

3. Status of Probation/Parole/Supervised Release: Active \_\_\_\_\_ Inactive \_\_\_\_\_  
If inactive, explain:

\_\_\_\_\_

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4. Has supervision/jurisdiction been transferred? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ If yes, to whom and where: \_\_\_\_\_

Phone No: \_\_\_\_\_

**PLEASE PROVIDE A COPY OF THE TRANSFER LETTER.**

5. Has Defendant been deported? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and where: \_\_\_\_\_

**PLEASE PROVIDE IF NOT ON THE JUDGMENT:**

6. Probationer's Address and Telephone number:

\_\_\_\_\_

Phone No.: \_\_\_\_\_

7. Social Security Number: \_\_\_\_\_

8. Date of Birth: \_\_\_\_\_

9. Alien Registration No.: \_\_\_\_\_

10. Name, relationship & address of next of kin:

\_\_\_\_\_

\_\_\_\_\_

11. Employer's name & address:

\_\_\_\_\_

Phone No.: \_\_\_\_\_

12. Defendant's Corporate or Business Employer Identification Number: (If self employed or defendant is a business.)

\_\_\_\_\_

13. Our records show **balances** as of this date as follows:

Assessment:	\$
Restitution:	\$
Fine:	\$
Costs:	\$
Penalties:	\$

**Additionally, unless waived by the Court, interest accrues at the rate of 0%, beginning on .**

13. **WE WILL SEND MONTHLY STATEMENTS TO YOUR CLIENT. PLEASE PROVIDE THE AMOUNT AND DATE DUE BELOW:**

Monthly Payment Amount \$ \_\_\_\_\_

Due Date/Start Date: \_\_\_\_\_

**NOTE: If the debt is \$500.00 or more, a lien will be filed.**

14. Do you desire assistance from this office in the collection of this debt?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify:

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15. Ability to pay this debt within probation period:

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16. Any other information you think we should know:

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17. We are attaching a Financial Statement (when debt is over \$500) for the probationer to complete and return to you. Would you please forward this form to us as soon as possible. This information is needed in the event of early termination.

18. Signature of Probation Officer: \_\_\_\_\_

**Please advise our office if you are aware, or become aware, of any assets this Defendant may have that could be liquidated to help in paying this debt.**

We appreciate your continued cooperation in these matters. Should you have any questions regarding this matter, you may contact me at 303-454-0100.

Sincerely,

Financial Litigation Unit